



Vermont Tobacco Evaluation and Review Board

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To: Sen. Susan Bartlett, Chair, Senate Committee on Appropriations
Rep. Martha Heath, Chair, House Committee on Appropriations
Sen. Douglas A. Racine, Chair, Senate Committee on Health and Welfare
Rep. Ann Pugh, Chair, House Committee on Human Services
Rep. Steven Maier, Chair, House Committee on Health Care
From: Brian S. Flynn, ScD, Chair, Tobacco Evaluation and Review Board
Re: **Tobacco Control Program funding for FY 2011**
Date: February 17, 2010

The Tobacco Evaluation and Review Board is strongly opposed to the Administration's recommended deep reduction in funding for tobacco control programs managed by the Health Department. Most programs and services focused on helping smokers to quit are funded through the Health Department. The Administration's recommended plan would seriously reduce services for smokers who want to quit, especially lower income Vermonters who are more likely to smoke.

Helping smokers to quit is a priority because of its immediate impact on disease prevention, its increasing effectiveness, and because of the success Vermont has seen in reducing youth smoking and exposure to secondhand smoke. Vermont's smoking cessation programs are making a difference, but the proposed reduction in funding will slow progress towards less smoking, resulting in poorer health outcomes and higher health care costs for years into the future. Recent research establishes that:

- **Comprehensive state tobacco control programs reduce adult smoking prevalence.**
- **Reductions in adult smoking achieved by tobacco control programs quickly result in fewer heart attacks, and longer-term reductions in lung cancers, other cancers, and lung diseases.**
- **Reductions in adult smoking achieved by tobacco control programs translate into significant reductions in annual Medicaid expenditures and other health care costs.**

Despite encouraging progress, Vermont's adult prevalence of 17% smokers is much higher than our goal of 11% by 2010. There now are 82,000 adults in Vermont who smoke, including 37% of low-income Vermonters and 44% of those with moderate or severe depression. However, demand for smoking cessation services has increased dramatically as a result of the Tobacco Control Program and excise tax increases. Further progress in helping our fellow citizens to quit this stubborn habit and greater health care cost savings are achievable if we sustain our support for these services.

The investment needed to achieve these benefits is a small portion of the millions of dollars paid to the State under the Master Settlement Agreement. That money was intended as compensation for the harm done to Vermonters by tobacco use. In FY2010, the Tobacco Control Program received 11% of Master Settlement Agreement payments to Vermont, less than half of what the CDC recommends.

We urge you not to make the proposed cut in effective programs that directly benefit the health of many Vermonters and contribute substantially to health care cost control. We are prepared to provide further information on these important issues as your work proceeds.